

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES	
						1 4	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
0028		See Block 16C		14EM002557			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
EMCBC		03001		Richland Operations Office		00601	
U.S. Department of Energy				U.S. Department of Energy			
EM Consolidated Business Center				Richland Operations Office			
250 E. 5th Street, Suite 500				P.O. Box 550, MSIN A7-80			
Cincinnati OH 45202				Richland WA 99352			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x)			
HPM CORPORATION Attn: LAURA MILLS 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99382320				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043			
CODE 012911892				FACILITY CODE			
				10B. DATED (SEE ITEM 13) 06/08/2012			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)				Net Increase:		\$28,000.00	
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).						
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: B.19 - Obligation of Funds, B.20 - Limitation of Government's Obligation						
	D. OTHER (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ 0 _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
Tax ID Number: 91-2131802							
DUNS Number: 012911892							
Occupational Medical Services for DOE Hanford Site.							
1. This funding is specifically obligated for FY15 startup for the Energy Employee Occupational Illness Compensation Program Act (EEOICPA) Fixed Price (Program No. 3184701) under Contract CLIN 0005, OCCMED Hanford- Base (Years 3) Fixed Price.							
2. This modification increases the Incremental Funded Amount for FY'15 (CLIN 0005) from \$0.00 to \$28,000.00. The Total Incremental Funded Amount increased from \$33,862,827.01 to \$33,890,827.01. Total Amount of contract remains unchanged at \$101,377,356.34.							
Continued ...							
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				John J. Wiltshire			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)				Signature on File		09/15/2014	
				(Signature of Contracting Officer)			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED DE-EM0002043/0028	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>LIST OF CHANGES:</p> <p>Reason for Modification : Funding Only Action</p> <p>Total Amount for this Modification: \$0.00</p> <p>New Total Amount for this Award: \$101,377,356.34</p> <p>Total Amount Without Options \$50,130,914.34</p> <p>(Base+Option Year 1 [11,903,903.00 FP + \$4,266,000 CR]).</p> <p>Obligated Amount for this Modification: \$28,000.00</p> <p>New Total Obligated Amount for this Award: \$33,989,011.34</p> <p>Incremental Funded Amount changed: from \$33,862,827.01 to \$33,890,827.01</p> <p>CHANGES FOR LINE ITEM NUMBER: 5</p> <p>Obligated Amount for this modification: \$28,000.00</p> <p>Incremental Funded Amount changed from \$0.00 to \$28,000.00</p> <p>NEW ACCOUNTING CODE ADDED:</p> <p>Account code:</p> <p>Fund 00000</p> <p>Appr Year 0000</p> <p>Allottee 00</p> <p>Reporting Entity 000000</p> <p>Object Class 00000</p> <p>Program 0000000</p> <p>Project 0000000</p> <p>WFO 0000000</p> <p>Local Use 0000000</p> <p>Amount: \$28,000.00</p> <p>Delivery Location Code: 00601</p> <p>Richland Operations Office</p> <p>U.S. Department of Energy</p> <p>Richland Operations Office</p> <p>P.O. Box 550, MSIN A7-80</p> <p>Richland WA 99352 US</p> <p>Payment:</p> <p>OR for Richland</p> <p>U.S. Department of Energy</p> <p>Oak Ridge Financial Service Center</p> <p>P.O. Box 4307</p> <p>Oak Ridge TN 37831</p> <p>Fund: 00000 Appr Year: 0000 Allottee: 00 Report</p> <p>Entity: 000000 Object Class: 00000 Program:</p> <p>0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>FOB: Destination</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00005	Period of Performance: 10/01/2012 to 09/30/2018 Change Item 00005 to read as follows (amount shown is the total amount): OCCMED Hanford - Option Period 1 (Year Three) FPAF Line item value is:\$11,903,903.00 Incrementally Funded Amount: \$28,000.00				11,903,903.00